
Adult Medical Emergencies:

Non-traumatic Shock



Note Well: *This protocol applies to patients in suspected non-traumatic shock secondary to hypovolemia, cardiogenic and/or septic shock.*

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Provide 100% oxygen via NRB. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in the shock position if not in severe respiratory distress.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: *EMT-I and EMT-P should use ET intubation.*

5. Establish an IV of Normal Saline KVO, if not previously performed.



Note Well: *An ALS Unit must be en route or on scene.*

6. Normal Saline boluses of 250cc up to a maximum of 1,000 cc. if symptoms of hypoperfusion are present without pulmonary edema.



Note Well: *Reassess patient, including lung sounds and vital signs, after every 250cc bolus.*

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II. Advanced Life Support Providers

1. Attach EKG monitor and interpret rhythm.
2. Consider obtaining a 12 lead EKG if MI is suspected.
3. Reassess patient every 3 - 5 minutes.



III. Transport Decision

1. Transport to the closest appropriate open facility.



IV. The Following Options are Available by Medical Control Only

1. Dopamine infusion of 5 - 20 ug/kg/min.
2. Additional normal saline bolus of 250-1000cc.



Note Well: Use with caution in the presence of pulmonary edema. Reassess patient, especially lung sounds, frequently.